### NEBRASKA BOARD OF PUBLIC ACCOUNTANCY

P.O. Box 94725, Lincoln, NE 68509-4725 (402) 471-3595 or (800) 564-6111

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# APPLICATION FOR RENEWAL OF FIRM PERMIT FOR July 1, 2004 to June 30, 2005 and REGISTRATION OF OFFICE & WORK SPACE LOCATIONS

CURRENT PERMITS EXPIRE JUNE 30, 2004. Deadline for reapplying is May 31, 2004. Application must be completed and signed by the CPA in charge in Nebraska or the Nebraska licensee ("Office Manager"), include the \$110 fee for an annual permit and any office registration fees, and have an original signature. Incomplete applications will be returned unprocessed and deemed not to have been received.

Complete the following information.

| Firm:  |  |
|--|--|
| Manager:   |  |
| Address:   |  |
|  |  |
|  |  |
| Phone:   | Fax#:  |
| Licensed as:   | E-mail:  |
| Licensed as:(Form of Business Entity)  |  |
|  | nsed and registered in Nebraska, you must contact the tion. DO NOT send in this form - this form is to renew e and work space locations.)  |
|  | Firm had any application for licensure denied, or any syour firm signed any stipulation or consent order or agreement with we or other disciplinary action regarding such a license in this state or |
| <ul> <li>No.</li> <li>Yes; Attached are details regarding type of license, name action taken (including stipulation and consent orders), expressions.</li> </ul> | e and location of licensing agency, violation charged, effective date of sanction, and any other pertinent information.  |
| 2. Since the date of your last application for a permit has your f lawsuits involving Nebraska licensees or your Nebraska practice.                              |  |
| <ul> <li>No.</li> <li>Yes; Attached are details regarding date of filing of laws disposition of the lawsuit or status if still pending, and an area.</li> </ul>  | suit, name and location of the court, summary of allegations, ny other pertinent information.  |
| State Board Use Only (3/04)  |  |
| Date Recd Check #  |  |
| Permit # Issued: Code: 10(PC) 05(Pt.)  | 14(LLC) 17(LLP) - 7511 Amount: \$110   |
| Receipt # Issued for Office Registration:  | Code: 13-7511 Amount: \$   |

|    | DMPLIANCE STATEMENTS  |
|----|---|
| l. | The firm is organized under the laws of which state?  |
| 2. | If the firm is organized under the laws of another state, other than Nebraska, is your firm licensed in that state and/or is in good standing in that state?  |
|    | ☐ Yes ☐ No; Attach information with specific details.   |
| 3. | QUALITY ENHANCEMENT PROGRAM (QEP) REVIEW REQUIREMENTS (Title 288, Chapter 4, Section 006.07) All firms must have undergone the Board's QEP review program within the last <b>three</b> years (2003, 2002, or 2001) in order to renew the firm's permit to practice for 2004-2005. Please check <b>one</b> of the following statements that applies to your firm:  |
|    | a.   This firm has been reviewed under the Board's QEP program; year of last review was   |
|    | b.   This firm was granted an exemption under the Board's QEP program in the following year:  This firm has not issued any soldier projects as a property of the last 2 years.  |
|    | <ul> <li>c. □ This firm has not issued any audits, reviews or compilations in the last 3 years.</li> <li>d. □ Other; Please Explain:</li></ul>  |
| 1. | What is the total <u>number</u> of <b>LICENSED OWNERS</b> of the firm <b>BOTH</b> IN and OUTSIDE Nebraska?  |
|    | (Calculate number as of May 1, 2004.)(You must provide a number.)  **If the firm has any owners who are NOT certified public accountants or public accountants, you must answer the following questions a-i pursuant to Section 1-162.01 of the Public Accountancy Act. Please refer to the Act for the definition of a "non-licensed owner."  If the firm's owners are 100% licensed CPAs or PAs, then skip to Question #5.  Firms with non-licensed owners: (As of May 1, 2004) |
|    | a. Of the <b>total number of owners</b> of the firm, what <b>percentage</b> constitutes <b>non-licensed</b> owners?   |
|    | b. Does every non-licensed owner <b>actively participate</b> in the business?   |
|    | □ No; Attach page with specific details. □ Yes  |
|    | "Actively participate" is defined as the providing of personal services in the business entity licensed in Nebraska to practice public accounting, in the nature of management, performance of services for clients, or similar activities. Nonnatural persons and individuals whose primary source of income from the business entity is provided as a result of passive investment will not be considered as actively participating in the business entity.                     |
|    | c. Of the firm's <b>equity capital</b> , <b>what percentage</b> is held or has been received by the total number of non-licensed owners?%   |
|    | Of the firm's voting rights, what percentage is held or has been received by the total number of non-licensed   |
|    | owners?% Of the firm's <b>profits or losses</b> , <b>what percentage</b> is held or has been received by the total number of non-licensed owners?%  |
|    | d. Does any non-licensed owner hold himself/herself out as a CPA, PA, owner, partner, shareholder, limited liability company member, director, officer, or other official in any manner with the exception of the term "principal" as   |

e. Does any non-licensed owner have ultimate responsibility for the performance of any audit, review, or compilation of financial statements or other forms of attestation related to financial information?

☐Yes; List name and title\_\_\_\_\_

defined by the Public Accountancy Act?

□ No

| f.           | Has any non-licensed owner any other jurisdiction?   | been o | convicted of any | y felony under the la  | aws of   | any state, of the | United States, or of  |
|--------------|--|--------|------------------|------------------------|----------|-------------------|-----------------------|
|              | □ No   |        | Yes; Attach i    | nformation with spe    | ecific o | letails.          |                       |
| g.           | Has any non-licensed owner b laws of any state, of the Unite   |        |                  |                        | of whi   | ch is dishonesty  | or fraud, under the   |
|              | □ No   |        | Yes; Attach      | information with sp    | pecific  | details.          |                       |
| h.           | Has any non-licensed owner has any non-licensed owner has licensing agency of any state of other final disciplinary action | of the | United States of | or of any other juriso |          |                   |                       |
|              | □ No   |        | Yes; Attach      | information with spo   | ecific   | details.          |                       |
| i.           | Is any non-licensed owner in by the board relating to owner  |        | •                |                        | _        |                   |                       |
|              | □ No   |        | Yes; Attach      | information with sp    | pecific  | details.          |                       |
| 5.           | List All Owners of the fir<br>Certificate number. Attach   |        | tional sheets if | necessary.             | and l    |                   |                       |
| LICE<br>FULL | <u>NSED OWNERS</u><br>L LEGAL NAME   |        | OFFICE LOC       | CATION                 |          | NE CERT.#         | OTHER STATE<br>CERT.# |
|              |  |        |                  |                        |          |                   |                       |
|              |  |        |                  |                        |          |                   |                       |
|              |  |        |                  |                        |          |                   |                       |
|              |  |        |                  |                        |          |                   |                       |
|              |  |        |                  |                        |          |                   |                       |
| NON-         | LICENSED OWNERS  |        |                  | OFFICE LOCA            | ATIO     | N                 |                       |
|              | LEGAL NAME   |        |                  |                        |          |                   |                       |
|              |  |        |                  |                        |          |                   |                       |
|              |  |        |                  |                        |          |                   |                       |
|              |  |        |                  |                        |          |                   |                       |
|              |  |        |                  |                        |          |                   |                       |
|              | NSED OWNERS (NOT NE)   |        | FICE             | <b>STATE</b>           | OT       | HER STATE         | OTHER STATE           |
| FULL         | LEGAL NAME   | LO     | CATION           | LICENSED IN            |          | CERT.#            | PERMIT #              |
|              |  |        |                  |                        |          |                   |                       |
|              |  |        |                  |                        |          |                   |                       |
|              |  |        |                  |                        |          |                   |                       |
|              |  |        |                  |                        |          |                   |                       |

### OFFICE AND WORK SPACE REGISTRATION

The office registration is due June 30th to coincide with the firm permit renewal. According to Section 1-135 of the Public Accountancy Act of 1957, Revised, **each office established or maintained for the practice of public accounting in this state** by (1) a CPA or PA, (2) a partnership of CPAs or PAs, (3) a LLC of CPAs or PAs, (4) an accountant from a foreign country, or (5) a corporation, SHALL BE REGISTERED ANNUALLY WITH THE BOARD.

## A \$50 fee is charged for each office. Add this fee to the \$110 firm permit fee and return with completed application.

Each office shall be under the supervision of a manager who holds a Nebraska active permit ("Office Manager"). Such manager may serve in such capacity at one office only. Such manager shall be directly responsible for the supervision and management of the office and may be subject to disciplinary action for the actions of the person or firm or any persons employed by that office of the person or firm which relate to the practice of public accountancy.

Notification shall be given to the Board within thirty days of any change in managership of any office, and after the admission or withdrawal of a partner from any partnership or a member from any limited liability company so registered. Notification shall also be given the Board when any firm changes its name, opens a new office or closes an office. Our records reflect the address given on page one as the "headquarter location" for the firm. Please doublecheck this address and make changes as necessary.

## FIRMS WITHOUT A NEBRASKA OFFICE:

If your firm does NOT have a Nebraska office, please record the office location(s) where business for Nebraska clients is conducted, reports for Nebraska clients are issued, etc. There is NO charge for offices located outside Nebraska. Simply return this completed application and the \$110 permit fee.

### **OFFICE LOCATIONS:**

Please list each **office** location of the firm below. Photocopy this page for more than six office locations and attach it to this application. Do not use Post Office addresses. **The total fee, depending on the number of offices, is listed behind the number of offices registered.** 

| Street Address (include City, State, Zip) | Office Manager (CPA with Permit) | Phone Number | Fax Number & E-mail |
|---|----------------------------------|--------------|---------------------|
| <b>1</b> <sup>st</sup> (Fee is \$50)      |                                  |              |                     |
|   |                                  |              |                     |
| and — A A A A                             |                                  |              |                     |
| <b>2<sup>nd</sup></b> (Fee is \$50)       |                                  |              |                     |
|   |                                  |              |                     |
| <b>3<sup>rd</sup></b> (Fee is \$50)       |                                  |              |                     |
|   |                                  |              |                     |
| <b>4</b> <sup>th</sup> (Fee is \$50)      |                                  |              |                     |
|   |                                  |              |                     |
| <b>5</b> <sup>th</sup> (Fee is \$50)      |                                  |              |                     |
|   |                                  |              |                     |
|   |                                  |              |                     |
| <b>6</b> <sup>th</sup> (Fee is \$50)      |                                  |              |                     |
|   |                                  |              |                     |
|   |                                  |              |                     |

## **WORK SPACE:**

Title 288, Chapter 10 defines "work space" as a temporary location maintained by a CPA or PA firm. Work space shall be registered with the Board within ten days prior to first opening such work space, and the Board shall also be notified when such work space is closed for a period of more than thirty days. Work spaces may not be advertised on permanent window or door signs, display signs, building directories, letterhead, business cards or in telephone directories, newspapers or other types of advertising. Professional staff of a firm may practice public accountancy in such work space only on a part time basis. There is no fee for registering work space locations.

| This firm has the following work space location(s):  |                                    |              |           |  |  |
|--|------------------------------------|--------------|-----------|--|--|
| Street Address (include C  | City, State, & Zip)                | Phone Number | CPA Owner |  |  |
| 1 <sup>st</sup>  |                                    |              |           |  |  |
| 2 <sup>nd</sup>  |                                    |              |           |  |  |
| 3 <sup>rd</sup>  |                                    |              |           |  |  |
| CERTIFICATION: THIS FORM MUST BE SIGNED AND DATED BY THE CPA IN CHARGE IN NEBRASKA, OR BY THE NEBRASKA LICENSEE ("Office Manager") WHEN FIRM DOES NOT HAVE A NEBRASKA OFFICE, BEFORE RETURNING TO THE BOARD. (Only an original signature is acceptable.) "I certify on behalf of the firm that the statements made herein are true and accurate to the best of my knowledge and belief." |                                    |              |           |  |  |
|  |                                    |              |           |  |  |
| Date   | Signature                          |              |           |  |  |
| Date   |                                    |              |           |  |  |
| Date   | Printed Name                       |              |           |  |  |
| Date   | Printed Name                       |              |           |  |  |
|  | Printed Name Title Nebraska CPA Ce | ertificate # |           |  |  |
| Please make checks payal Amount Remitted: Firm Permit: Office Registration Fees:   | Printed Name Title Nebraska CPA Ce | ertificate # |           |  |  |